

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085496

1. Entity Name

MERCENIT INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90073 042 \*\*\*150.00

Principal Place of Business

Mailing Address

3635 PARKER AVE.  
WEST PALM BEACH FL 33405

3635 PARKER AVE.  
WEST PALM BEACH FL 33413-3003

2. Principal Place of Business

3. Mailing Address

1146 HATTERAS CIRCLE

1146 HATTERAS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0866243

Applied For

Not Applicable

Zip

33413

Country

USA

Zip

33413

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCENIT, DONNA L  
3635 PARKER AVE.  
WEST PALM BEACH FL 33405

Name MERCENIT, DONNA L.

Street Address (P.O. Box Number is Not Acceptable)

1146 HATTERAS CIRCLE

City WEST PALM BEACH

FL

Zip Code 33413

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS MERCENIT, DONNA L  
CITY-ST-ZIP 3635 PARKER AVE.  
WEST PALM BEACH FL 33405

TITLE ☐ Change ☐ Addition  
NAME DP  
STREET ADDRESS Donna L. MERCENIT  
CITY-ST-ZIP 1146 Hatteras Circle  
WEST PALM BEACH, FL 33413

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna L. Mercenit DONNA L. MERCENIT

4/28/00

(561)687-4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)